



**CITY OF ATLANTA  
BUREAU OF BUILDINGS**

**Mechanical, Electrical, Plumbing Automatic Approval Certificate**

55 TRINITY AVE. SW, SUITE 3900 ATLANTA, GA. 30303

[WWW.ATLANTAGA.GOV](http://WWW.ATLANTAGA.GOV)

PHONE: (404) 330-6150

I certify to the best of my knowledge that the construction documents herewith presented in support of this project's application for a Building Permit from The Bureau of Buildings, City of Atlanta, are in full compliance with all state mandated applicable codes and current GA Amendments.

I further certify to the best of my knowledge that these construction documents meet the submission requirements of The Bureau of Buildings, as stipulated in the Checklist for Submission of Plans for Commercial and Mulit Family Development & New Construction and Additions.

By making this certification, I acknowledge that one or all Mechanical, Electrical or Plumbing plan review will not be conducted by the City of Atlanta or state, and that I have the full authority of the owner to forego such plan review. I understand that the project is still required to meet all state mandated applicable codes and current GA Amendments and that by forgoing plan review the owner accepts all risks for the correction of any conditions of non compliance even if the MEP(s) are installed according to the plans. I further acknowledge that this certification only applies to review of the specified mechanical elements of this Commercial project and does not guarantee that the building plans have been reviewed or will be approved. I acknowledge that this project is still required to obtain all other necessary approvals deemed appropriate for this project by the Bureau of Buildings.

By signing this certification I am indicating that I have read and fully understand the Certification Policy of the Bureau of Buildings, City of Atlanta and further understand that failure to fulfill the conditions of this certification will result in revocation of certification privileges by the Bureau of Buildings, City of Atlanta as stipulated in the Certification Policy.

**PROJECT DATA**

(Information must be completed by a certifying professional)

Property Address: \_\_\_\_\_

**PLEASE CHECK ALL OF THE FOLLOWING THAT YOU ARE CERTIFIED IN AND THAT APPLIES TO THIS PROJECT:**

Mechanical Engineer       Electrical Engineer       Plumbing Engineer

\_\_\_\_\_  
Full name of certifying professional (Please print)

\_\_\_\_\_  
State of Georgia Registration No.

\_\_\_\_\_  
Address of Property



State of Georgia  
Professional  
Engineer  
Seal and  
Signature  
  
This seal is to be  
Affixed to each  
Sheet of the  
Mechanical, Electrical  
& Plumbing  
documents.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

To be completed by Bureau of Buildings:

**Applicant Number:** \_\_\_\_\_ **Intake Personnel Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_